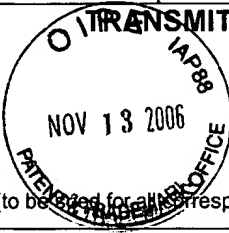


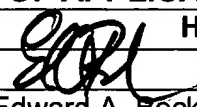
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----|----------------------|------------------|
|  <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p> | | Application Number | 09/911,925 |
| | | Filing Date | July 23, 2001 |
| | | First Named Inventor | Ashar AZIZ |
| | | Art Unit | 3624 |
| | | Examiner Name | Daniel S. Felten |
| Total number of pages in this submission | 15 | Attorney Docket No.: | 55218-0511 |

ENCLOSURES (Check all that apply)


| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 pg) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below: <u>Check in the amount of \$450.00; and</u> <u>Return Postcard</u> |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

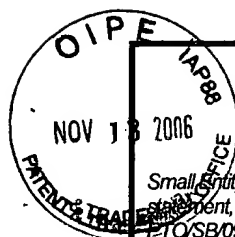
| | | | |
|--------------|---|----------|--------|
| Firm Name | Hickman Palermo Truong & Becker LLP | | |
| Signature |  | | |
| Printed Name | Edward A. Becker | | |
| Date | November 7, 2006 | Reg. No. | 37,777 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---|------|------------------|
| Signature |  | | |
| Typed or Printed Name | Susan Jensen | Date | November 7, 2006 |

This collection of information is required by 37 CFR 1.321. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**FEE TRANSMITTAL****for FY 2005**

NOV 13 2006

Patent fees are subject to annual revision.
Small entity payments must be supported by a small entity
statement, otherwise large entity fees must be paid.
PTO/SB/09-12

See 37 C.F.R. §§ 1.27 AND 1.28

Complete if Known

Application Number 09/911,925
Filing Date July 23, 2001
First Named Inventor Ashar AZIZ
Examiner Name Daniel S. Felten
Group/Art Unit 3624
Attorney Docket No. 55218-0511

TOTAL AMOUNT OF PAYMENT (\$450.00)

METHOD OF PAYMENT (check one)

1. ☒ Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.

Deposit Account Number

50-1302

Deposit Account Name

Hickman Palermo Truong & Becker, LLP

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

3. ☐ Applicant(s) is entitled to small entity status.
See 37 CFR 1.27.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------------|-----------------------|-----------------------|-----------------------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | 450.00 |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | |
| 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | |
| 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | |
| 1502 | 800 | 2502 | 400 | Design issue fee | |
| 1504 | 300 | 2504 | 300 | Publication Fee | |
| 1462 | 400 | 1462 | 400 | Petitions Director not specifically provided for Group I | |
| 1463 | 200 | 1463 | 200 | Petitions Director not specifically provided for Group II | |
| 1464 | 130 | 1464 | 130 | Petitions Director not specifically provided for Group III | |
| 1806 | 180 | 1806 | 180 | Submission of information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) _____ | | | | | |
| Other fee (specify) _____ | | | | | |

FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-------------|
| 1011 | 300 | 2011 | 150 | Utility filing fee | |
| 1111 | 500 | 2111 | 250 | Utility Search fee | |
| 1311 | 200 | 2311 | 100 | Utility Examination fee | |
| 1081 | 250 | 2081 | 125 | Utility Application Size Fee | |
| 1005 | 200 | 2005 | 100 | Provisional Application Fee | |
| 1085 | 250 | 20835 | 125 | Provisional Application Size Fee | |
| SUBTOTAL (1) | | | | | (\$) |

2. EXTRA CLAIM FEES

| | Highest Paid Claims | Extra Claims | Fee from Below | Fee Paid |
|--------------------|---------------------|--------------|----------------|-----------------|
| Total Claims | 31 | -41**= | 0 | X 50.00 = 0.00 |
| Independent Claims | 3 | -6**= | 0 | X 200.00 = 0.00 |
| Multiple Dependent | | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 |
| 1203 | 360 | 2203 | 180 | Multiple dependent claim, if not paid |
| 1204 | 200 | 2204 | 100 | **Reissue independent claims over original patent |
| 1205 | 50 | 2205 | 25 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$0.00)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$450.00)

SUBMITTED BY

Name (Print/Type) Edward A. Becker
Signature
Registration No. (Attorney/Agent) 37,777
Telephone (408) 414-1204
Date November 7, 2006

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.